



PATENT
450,117-03683

1631

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : William FORD et al.

Serial No. : 10/008,179

For : **LINKER MOLECULES FOR SELECTIVE
METALLISATION OF NUCLEIC ACIDS AND
THEIR USES**

Filed : December 7, 2001

Examiner : Ardin H. Marschel

Art Unit : 1631

RECEIVED

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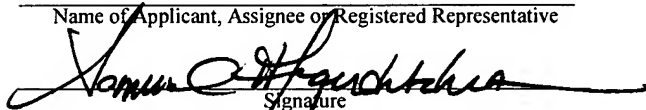
TECH CENTER 1600/2900

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 12, 2003

Samuel H. Megerditchian, 45,678

Name of Applicant, Assignee or Registered Representative


Signature

November 12, 2003

Date of Signature

AMENDMENT PURSUANT TO 37 C.F.R. §1.111

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is responsive to the Office Action mailed on August 12, 2003. Any fee occasioned by this paper may be charged, or overpayment credited, to Deposit Account No. 50-0320.



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450117-03683

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	11	Minus	30	0	\$18 (9)	\$0
Independent claims	1	Minus	3	0	\$86 (43)	\$0
Total additional fee for this amendment						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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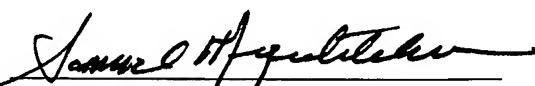
November 12, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800